86R5368 MM-F

By:  Buckingham S.B. No. 791

A BILL TO BE ENTITLED

AN ACT

relating to the accreditation of and a recipient's enrollment in a Medicaid managed care plan.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.0031 to read as follows:

Sec. 533.0031.  MEDICAID MANAGED CARE PLAN ACCREDITATION. Notwithstanding Section 533.004 or any other law requiring the commission to contract with a managed care organization to provide health care services to recipients, the commission may contract with a managed care organization to provide those services only if the managed care plan offered by the organization is accredited by a nationally recognized accrediting entity.

SECTION 2.  Section 533.0075, Government Code, is amended to read as follows:

Sec. 533.0075.  RECIPIENT ENROLLMENT.  (a) The commission shall:

(1)  encourage recipients to choose appropriate managed care plans and primary health care providers by:

(A)  providing initial information to recipients and providers in a region about the need for recipients to choose plans and providers not later than the 90th day before the date on which a managed care organization plans to begin to provide health care services to recipients in that region through managed care;

(B)  providing follow-up information before assignment of plans and providers and after assignment, if necessary, to recipients who delay in choosing plans and providers after receiving the initial information under Paragraph (A); and

(C)  allowing plans and providers to provide information to recipients or engage in marketing activities under marketing guidelines established by the commission under Section 533.008 after the commission approves the information or activities;

(2)  consider the following factors in assigning managed care plans and primary health care providers to recipients who fail to choose plans and providers:

(A)  the importance of maintaining existing provider-patient and physician-patient relationships, including relationships with specialists, public health clinics, and community health centers;

(B)  to the extent possible, the need to assign family members to the same providers and plans; and

(C)  geographic convenience of plans and providers for recipients;

(3)  retain responsibility for enrollment and disenrollment of recipients in managed care plans, except that the commission may delegate the responsibility to an independent contractor who receives no form of payment from, and has no financial ties to, any managed care organization;

(4)  develop and implement an expedited process for determining eligibility for and enrolling pregnant women and newborn infants in managed care plans; and

(5)  ensure immediate access to prenatal services and newborn care for pregnant women and newborn infants enrolled in managed care plans, including ensuring that a pregnant woman may obtain an appointment with an obstetrical care provider for an initial maternity evaluation not later than the 30th day after the date the woman applies for Medicaid.

(b)  The commission shall, notwithstanding any other law, implement an automatic enrollment process under which an applicant determined eligible to receive Medicaid benefits through managed care is automatically enrolled, at the time the applicant is determined eligible for those benefits, in a Medicaid managed care plan chosen by the applicant or, if the applicant fails to choose a plan, by the commission.

SECTION 3.  Section 533.0076(c), Government Code, is amended to read as follows:

(c)  The commission shall allow a recipient who is enrolled in a managed care plan under this chapter to disenroll from that plan and enroll in another managed care plan[~~:~~

[~~(1)~~]  at any time for cause in accordance with federal law[~~; and~~

[~~(2)  once for any reason after the periods described by Subsections (a) and (b)~~].

SECTION 4.  Section 533.0025(h), Government Code, is repealed.

SECTION 5.  Section 533.0031, Government Code, as added by this Act, applies to a contract entered into or renewed on or after the effective date of this Act. A contract entered into or renewed before that date is governed by the law in effect immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 6.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 7.  This Act takes effect September 1, 2019.